LYME DISEASE CASE REPORT FORM

Form Approved
OMB No. 0920-0009
Expiration Date
12-92

Patient's last name _____ First name _____ Tele.No. (___) _____

Address _____ City _____

Detach before sending to CDC

State _____ County _____ Zip _____

Age (yrs.) _____ Sex ___ M ___ F ___ Unspec. Race ___ Amer. Indian/Eskimo ___ Asian/Pacific Isl. ___ Black ___ White ___ Unknown Ethnicity ___ Hispanic ___ Non Hisp. ___ Unknown

SYMPTOMS AND SIGNS OF CURRENT EPISODE (PLEASE MARK EACH QUESTION):

DERMATOLOGIC:

Erythema migrans (**physician diagnosed EM at least 5 cm in diameter**)? _ _ _ _ [Y] [N] [?]

RHEUMATOLOGIC:

Arthritis characterized by brief attacks of **joint swelling** ? _ _ _ _ _ _ _ _ _ _ _ _ _ _ [Y] [N] [?]

NEUROLOGIC:

Bell's palsy or other cranial neuritis? _ [Y] [N] [?]
Radiculoneuropathy? _ [Y] [N] [?]
Lymphocytic meningitis_ [Y] [N] [?]
Encephalitis/Encephalomyelitis? _ [Y] [N] [?]
CSF tested for antibodies to B. burgdorferi?_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ [Y] [N] [?]
Antibody to B. burgdorferi higher in CSF than serum?_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ [Y] [N] [?]

CARDIOLOGIC:

2nd or 3rd degree atrioventricular block?_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ [Y] [N] [?]

Other clinical: _____

Date of onset of first symptoms: ___/___/___ (mo dy yr) Date of diagnosis: ___/___/___ (mo dy yr) Date of report to health agency ___/___/___ (mo dy yr)

OTHER HISTORY

Was the patient hospitalized for the current episode? _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ [Y] [N] [?]

Name of antibiotic(s) used this episode?_____ Use in days _____

Was the patient pregnant at the time of illness?_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ [Y] [N] [?]

Where was the patient most likely exposed? County_____ State _____

LABORATORY RESULTS

	Positive	Negative	Equivocal	Not done/Unknown
Serologic test results:	☐	☐	☐	☐
Culture results:	☐	☐	☐	☐
Other (specify)	☐	☐	☐	☐

Physician's name_____ Person completing form _____ (if not the same)

Address_____ Address _____

Telephone Number(____) _____ Telephone Number (____) _____

FOR INTERNAL USE ONLY

State ID No. ☐☐☐☐☐☐ **CDC ID No.** ☐☐☐☐☐☐ **Date Reported to CDC** ___/___/___ (mo dy yr)

LYME DISEASE CASE REPORT FORM
CDC 52.60 REV. 1-91

LYME DISEASE NATIONAL SURVEILLANCE CASE DEFINITION

Lyme disease is a systemic, tick-borne disease with protean manifestations, including dermatologic, rheumatologic, neurologic, and cardiac abnormalities. The best clinical marker for the disease is the initial skin lesion, erythema migrans (EM), that occurs in 60% to 80% of patients.

A case of Lyme disease is defined as follows:

1. A person with erythema migrans; or
2. A person with at least one late manifestation and laboratory confirmation of infection.

NOTE: It should be emphasized that this is an epidemiologic case definition intended for surveillance purposes only.

General clinical epidemiologic definitions:

1. Erythema migrans (EM):

For purposes of surveillance, EM is a skin lesion that typically begins as a red macule or papule and expands over a period of days or weeks to form a large round lesion, often with partial central clearing. A solitary lesion must reach at least 5 cm in size. Secondary lesions may also occur. Annular erythematous lesions occurring within several hours of a tick bite represent hypersensitivity reactions and do not qualify as EM. In most patients, the expanding EM lesion is accompanied by other acute symptoms, particularly fatigue, fever, headache, mild stiff neck, arthralgias, or myalgias. These symptoms are typically intermittent. The diagnosis of EM must be made by a physician. Laboratory confirmation is recommended for persons with no known exposure.

2. Late manifestations:

These include any of the following when an alternate explanation is not found.

a. Musculoskeletal system:
Recurrent, brief attacks (weeks or months) of objective joint swelling in one or a few joints sometimes followed by chronic arthritis in one or a few joints. Manifestations not considered as criteria for diagnosis include chronic progressive arthritis not preceded by brief attacks and chronic symmetrical polyarthritis. Additionally, arthralgias, myalgias, or fibromyalgia syndromes alone are not accepted as criteria for musculoskeletal involvement.

b. Nervous system:
Lymphocytic meningitis, cranial neuritis, particularly facial palsy (may be bilateral), radiculoneurpathy or rarely, encephalomyelitis alone or combination. Encephalomyelitis must be confirmed by showing antibody production against B. burgdorferi in the cerebrospinal fluid (CSF), demonstrated by a higher titer of antibody in CSF than in serum. Headache, fatigue, paresthesias, or mild stiff neck alone are not accepted as criteria for neurologic involvement.

c. Cardiovascular system:
Acute onset, high grade (2^{nd} or 3^{rd} degree) atrioventricular conduction defects that resolve in days to weeks and are sometimes associated with myocarditis. Palpitations, bradycardia, bundle branch block, or myocarditis alone are not accepted as criteria for cardiovascular involvement.

3. Exposure:

Exposure is defined as having been in wooded, brushy, or grassy areas (potential tick habitats) in an endemic county no more than 30 days prior to the onset of EM. A history of tick bite is not required.

4. Endemic county:

An endemic county is one in which at least 2 definite cases have been previously acquired or a county in which a tick vector has been shown to be infected with B. burgdorferi.

5. Laboratory confirmation:

Laboratory confirmation of infection with B. burgdorferi is established when a laboratory isolates the spirochete from tissue or body fluid, detects diagnostic levels of IgM or IgG antibodies to the spirochete in serum of CSF, or detects a significant change in antibody levels in paired acute and convalescent serum samples. States may determine the criteria for laboratory confirmation and diagnostic levels of antibody. Syphilis and other known causes of biologic false positive serologic test results should be excluded, as appropriate, when laboratory confirmation has been based on serologic testing alone.